## 2015 · 07 · 28 · 0M · 000127888

STATEM

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2015 JUL 28 AM 9: 20

Office Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	grand a second construction of the second constr
Tities Jieisiuis 1	Party		
Lillini	<b>(</b> <del>-1-1-1-1-1-1-1-1</del>		
ADDRESS (number and street)	1515 S FE Pina	ieu Stillia	
(Check if address is changed)	Apt 221		
	CHY A		STATE \$ ZIP CODE \$
COMMITTEE'S E-MAIL ADDRE	SS		•
(Check if address is changed)	Optional Second E-Mail Add	Marinesi@hoiz dress Larcineisi@hioizir	
COMMITTEE'S WEB PAGE AD	DRESS (URL)		
(Check if address is changed)			
2. DATE 0 7	3 2015	<del>└</del> ─ <del>,├───────────────────────────────────</del>	<del>╸</del> ┸╌ <del>┦┈╏┈╏┈╏┈╏┈╏┈╏┈</del> ┦┈
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3. FEC IDENTIFICATION N	JMBER ► C	त्रास्त्राच्यां क्षेत्र कर्मा का का क्षेत्र कर्मा का क्षेत्र क्षेत्र कर कर्मा क्षेत्र कर कर्मा क्षेत्र कर कर्म हैं	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined the	nis Statement and to the best	of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasure	· Tanny	- Barnes	
Signature of Treasurer	Dunny L.	Saures	Date 0.7 1.8 2015
NOTE: Submission of false, erron	eous, or incomplete information ANY CHANGE IN INFORMATION		this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.
Office Use Only	÷'	For further information Federal Election Commis Toll Free 800-424-9530	

2015 - 07 - 28 - 0M - 00014M89

Cano	didate	Committee:							
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)							
(b)	A CANADA	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
Name Candi									
Candi Party	date Affiliation	Office State President District							
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.							
Name Candi		HORINAEUDY ZUALABBOLINEISIYIAHILIZHIPHD							
Party	/ Com	mittee:							
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.							
Polit	ical Ac	ction Committee (PAC):							
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) its connected organization is a							
		Corporation Corporation w/o Capital Stock Labor Organization							
·	e e	Membership Organization Trade Association Cooperative							
		In addition, this committee is a Lobbyist/Registrant PAC.							
<b>(f)</b>		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)							
		In addition, this committee is a Lobbyist/Registrant PAC.							
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
Joint	Fundr	aising Representative:							
(g)	No.	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.							
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.							
	Comn	nittees Participating in Joint Fundraiser							
	1.	FEC ID number C							
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	2.	The confirmation and the confi							
	3.	FEC ID number							
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FEC Form 1 (Revise	02/2009)			Page <b>3</b>
Write or Type Committee Na	ne			
The Ja	sus Por	tu		
6. Name of Any Connected	Organization, Affiliated Committ	ee, Joint Fundralsing Rep	resentative,	or Leadership PAC Sponsor
			111	
Mailing Address				
			لبا	
	CITY		STATE	ZIP CODE
Relationship:	ed Organization Affiliated Comr	nittee Joint Fundraisin	g Represent	Leadership PAC Sponsor
7. Custodian of Records: lo books and records.	entify by name, address (phone nu	mber - optional) and posi	ition of the p	erson in possession of committee
Full Name	IMY ILI BIALINIELSI			
Mailing Address	1555 E Pièmei			
	Aprta2			
	Liberall		KS	1679011-15720
Title or Position	СПУ		STATE	ZIP CODE
Cuistiadia	noifiPiercioinds i	Telephone nu	ımber 6	201-10041-10575
8. Treasurer: List the name any designated agent (e.g.	and address (phone number option, assistant treasurer).	onal) of the treasurer of th	e committee	; and the name and address of
Full Name of Treasurer Tian	iny ili Barineisi		<del></del>	
Mailing Address	555 E Pina	<u> </u>	<del></del>	
	Aptiaal		<del>                                     </del>	<del> </del>
	Lhiberal CITY	<del></del>	STATE	[67,9,0,1]-[57,120] ZIP CODE
Title or Position		ı	/	2/11 1/ 2/11 1/2 6 4 6
Treasure		Telephone nu	mber <u>(</u>	1201-1610HI-1015175

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FEC For	m 1 (Revised 02/2009)		Page 4
	,		
Full Name of			
Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone .	number	<u> </u>
		····	
	er Depositories: List all banks or other depositories in which the composes or maintains funds.	mittee deposits fu	inds, holds accounts, rents
Name of Bank,	Depository, etc.		
	le de la companya de		ı
			<del>-   -   -   -   -   -   -   -   -   -  </del>
Mailing Address	•		<del></del>
		ليال	<u> </u>
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
			<del></del>
Mailing Address	5		
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	СІТУ	STATE	ZIP CODE

FEC MA TER Swap 2015 JUL 28 M 0: 20 DE ANALYSING  $(\mathbb{A}^{n_{1}}, \mathbb{A}^{n_{2}}) \in \mathcal{M}_{2}$  $^{(i),(a_{2}),(a_{3}),(a_{2}),(a_{3}$ 2015-07

## **Federal Election Commission** ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS. The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked Date of Receipt USPS First Class Mail Postmarked (R/C) USPS Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

(3/2015)

PREPARER